Clinical Psychology Internship

2019 - 2020

VA Portland Health Care System
Portland, Oregon

Affiliated with Oregon Health & Science University

Welcome

The Psychology Training Committee at the VA Portland Health Care System (VAPORHCS) appreciates your interest in our clinical psychology internship. Accredited by the American Psychological Association's Office of Program Consultation and Accreditation since 1978,* the internship continues a strong commitment to fostering clinical skills and professional identity in interns. VAPORHCS psychology staff values collegial working relationships with interns as well as the opportunity to teach and provide supervision.

In addition to the benefits of the training program, living in the Greater Portland Metropolitan Area offers the best of urban and outdoor life. Portland is an extremely livable city, replete with cultural events, theatres, restaurants, music, shopping, and natural beauty. In Portland, it is literally possible to take a morning ski run on Mt. Hood's glacier, windsurf in the Columbia during the afternoon, and catch dinner and theatre downtown in the evening. We hope you enjoy living here as much as we do.

Thank you for considering VAPORHCS for your clinical psychology internship. We look forward to reviewing your application.

Sincerely,

Marilyn Huckans, Ph.D.
Director of Training for Psychology

Psychology Training Committee:
Chris Anderson, James Boehnlein, Derek Burks, Odessa Cole, Bret Fuller, Lee Hutson, Saanjh Kishore, Gina Ortola, Quyen Sklar, Jason Steward, Dan Storzbach, Sarah Súñiga, and Amy Wagner

Last site visit occurred in 2017
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About Us

The Veteran Affairs Portland Health Care System (VAPORHCS) is an attractive and vital health care center. In addition to comprehensive medical and mental health services, VAPORHCS supports ongoing research and medical education. VAPORHCS is connected to Oregon Health & Science University (OHSU) structurally by a beautiful sky bridge, and functionally by shared staff, trainees, and educational opportunities.

The Vancouver, Washington division of VAPORHCS is located just across the Columbia River. This spacious campus houses long-term rehabilitation programs, a skilled nursing facility, a substance abuse treatment program, a PTSD clinic, a post-deployment clinic, and primary care.

Additional community based outpatient clinics (CBOCs) are located at other locations such as Hillsboro, Fairview, and West Linn.

VAPORHCS values diversity; therefore, many of our staff are veterans themselves and represent the population we serve in regards to race, ethnicity, sexual orientation, disability, and faith.

As an equal opportunity training program, the internship welcomes and strongly encourages applications from all qualified candidates, regardless of racial, ethnic, religious, sexual orientation, disability, or other minority status.

Training Program

Overview

VAPORHCS continues a long-standing commitment to clinical psychology internship training. Our internship program has been fully accredited by the American Psychological Association (APA) since 1978. Programs and training activities described in this brochure reflect the psychology staff's roles within the current organization of the health care system. We currently offer seven internship positions.

VAPORHCS psychology staff consists of over 60 clinical psychologists with the majority holding faculty appointments in the Department of Psychiatry at the Oregon Health & Science University (OHSU). More than 35 of these psychologists are directly involved in the internship training program. Settings across both campuses afford staff the opportunity for clinical practice, training, research, and administration. Psychology, psychiatry, social work, nursing, and other disciplines have a collaborative relationship throughout VAPORHCS. Interns frequently work as part of multidisciplinary teams in addressing patient needs.

National VA guidelines designate this as a one-year, full-time, 2080 hour internship, including federal holidays, vacation, and sick days. The 2019-2020 internship training year will begin on June 24, 2019.

Philosophy of Training

The number one priority of the VAPORHCS psychology internship program is to provide students with a positive, supportive training experience. Interns work reasonable hours, are provided ample supervision and didactic opportunities, and are treated as junior colleagues by the psychology staff. Professional development is a primary focus of our training, as we assist interns in transitioning from graduate school to a professional career. Our intent is to prepare students by the end of the internship year for entry-level professional positions or additional postdoctoral training. We follow a generalist model, focusing on skills of assessment, intervention, and consultation with diverse patient populations. In addition to developing clinical competence, we expect interns to develop their own professional identity during the training year. This includes integration of professional and ethical behavior with articulation of one's worldview and its relationship to trainees' preferred theoretical orientations, development of clinical specialties, and focused research endeavors.

The VAPORHCS internship believes that clinical practice should be influenced by the science of psychology, and vice versa. Therefore, we support clinical practices that are consistent with current scientific research literature, while also considering the variables found in real practice. We hope to develop psychologists who are capable of contributing to the professional literature through their own clinical research.

Throughout the internship, attention is given to the intern's professional development in the role of psychologist. This includes valuing patient welfare, assuming individual

responsibility, implementation of self-awareness, demonstrating professional competence, and making ethical decisions. As a result, the VAPORHCS seeks interns who have solid clinical skills, cultural competence, the drive to work independently, and the ability to interact collegially with other psychologists.

Program Aims and Competencies

Our Program Aims and Competency Areas include the following:

1) Assessment: Interns will demonstrate competence in conducting evidence-based assessment consistent with the scope of Health Service Psychology.
2) Intervention: Interns will demonstrate competence in evidence-based interventions consistent with the scope of Health Service Psychology, broadly defined to include, but not limited to, psychotherapy. Interventions may be directed at an individual, family, group, clinic, hospital, community, population or other system.
3) Consultation and Interprofessional/Interdisciplinary Skills: Interns will demonstrate competence in collaborating with diverse individuals or groups to address problems, seek or share knowledge, or promote effectiveness in professional activities.
4) Supervision: Interns will demonstrate competence in the mentoring and monitoring of trainees and others in the development of competence and skill in professional practice and the effective evaluation of those skills.
5) Research: Interns will demonstrate knowledge, skills and competence sufficient to produce new knowledge, to critically evaluate and use existing knowledge to solve problems, and to disseminate research.
6) Ethical and Legal Standards: Interns will be knowledgeable of ethical, legal, and professional standards of behavior while integrating them into professional conduct.
7) Individual and Cultural Diversity: Interns will demonstrate the ability to conduct all professional activities with sensitivity to human diversity, including ability to deliver high quality services to an increasingly diverse population.
8) Professional Values and Attitudes: Interns will demonstrate professional values, attitudes, identity and behavior.
9) Communication and Interpersonal Skills: Interns will demonstrate effective communication and interpersonal skills when delivering professional services and engaging in professional activities and interactions.

Through experiential training and learning activities, interns receive training in most competency areas across all rotations - assessment, intervention, consultation, research, ethical and legal standards, individual and cultural diversity, professional values and attitudes, and communication and interpersonal skills. Although interns do not typically supervise other trainees or staff, supervision competencies are addressed through simulated practice (e.g., role plays, vignettes) during a six- or seven-week supervision-focused group supervision block.

Using a written evaluation form and standardized rating criteria, supervisors evaluate each intern on specific competencies in each of the above nine competency areas. Evaluation forms are made available to interns during their orientation period, or upon request prior to internship. Evaluations occur mid-way through and at the end of each rotation. Through experiential training and regular feedback from supervisors, the expected outcome is that, by completion of the internship, interns will perform at a level demonstrating readiness for entry-level practice on all competencies and will be well-prepared for postdoctoral fellowships or jobs as early career psychologists, consistent with their training.

Diversity at the VA Portland Health Care System

The Portland area provides a wide array of diverse cultural opportunities, such as festivals, open and affirming faith communities, Lesbian, Gay, Bisexual, Transgender, Intersex, or Queer (LGBTIQ) events, advocacy groups and organizations, clubs, museums, theatres, music venues, gardens, etc. For additional information on Portland events and activities, see: https://www.portlandoregon.gov/25782.

"Partners in Diversity" is a local organization that has the mission of attracting and retaining professionals of color to the northwest, honoring professionals of color who have relocated to Oregon, and connecting them to the multicultural community: https://www.partnersindiversity.org .

On an institutional level, the Veteran's Health Administration (VHA) is an equal opportunity employer which welcomes and strongly encourages applications from all qualified psychology candidates, regardless of racial, ethnic, religious, sexual orientation, disability, or other minority status. In alignment with this mission, VAPORHCS fosters a diverse workforce and inclusive working environment through equal employment opportunities such as outreach, retention, policy development, workforce analysis, and education.

The VAPORHCS Equal Employment Opportunity (EEO) Program and Multicultural Diversity Network promotes diversity through Special Emphasis Program Representatives (SEPRs) who champion diversity concerns of ethnic, racial, women, LGBTIQ, and people with disabilities. VAPORHCS was the first VA site to establish an LGBTIQ SEPR position on its EEO Advisory Committee. The Multicultural Diversity Network holds varying special-emphasis programming for veterans and staff to highlight the presence of diversity in the facility and help others gain a more complete understanding of those who may be different from themselves. Past examples include Asian-Pacific Islander Day, which features food and music from the diverse Asian and Pacific Islander cultures of VAPORHCS employees; LGBTIQ movie presentations for LGBTIQ Pride Month; and, the Martin Luther King Day celebration.

On a programmatic level, the VAPORHCS psychology program values diversity and inclusion. Therefore, our Training Director(s), Psychology Training Committee, supervisors, and other staff strive to provide a warm and inclusive environment, in an effort to cultivate cultural competency. We recognize diversity and cultural sensitivity is a developmental process which includes behavioral, cognitive and emotional growth. As a training program, we realize the importance of continued reflection and improvement with cultural competency and consider ourselves a work in progress. Thus, we aim to provide trainings on self-awareness and self-efficacy of socio-economic-political issues in the service of our veterans.

As part of our efforts to improve our awareness, the psychology staff established a Multicultural and Diversity Committee (MDC) in 2011 to identify, improve, and maintain cultural competencies of our staff and trainees. Our MDC reflects both the National VA MDCs, and APAs commitment to diversity and inclusion. The MDC includes both staff and trainees, and provides educational events and consultation towards improving our knowledge, awareness and skills in practicing, teaching, and supervising in an inclusive environment.

In addition, the Sexual Orientation and Gender Identity Advisory Group (SOGI) was created under the MDC to promote self-exploration, awareness and respect of diversity issues related to LGBTIQ veterans. SOGI is an interdisciplinary team of providers who are

committed to the development and implementation of LGBTIQ-affirmative services for veterans at the VAPORHCS, including the provision of appropriate training and consultation support to VAPORHCS staff and trainees.

Recent demographic information about our psychology staff and interns are summarized below:

Intern Demographics: From 2004 to 2017, among 72 interns who graduated from our program, 50 (69%) were women and 22 (31%) were men; 65 (90%) identified as Caucasian, 0 (0%) as American Indian/Alaskan Native, 6 (8%) as Asian/Pacific Islander, 1 (1%) as Black/African American, and 4 (6%) as Hispanic/Latino; 11 (15%) identified as LGBTIQ; 6 (8%) identified as subject to the Americans with Disability Act; 1 (1%) identified as a foreign national; 0 (0%) were active duty military, and 3 (4%) were veterans; 8 (11%) spoke fluently in other languages in addition to English.

Staff Demographics: Of 67 psychologists in 2017, 43 (64%) are women, 28 (42%) are men, and 1 (1%) are transgender; 57 (85%) identify as Caucasian, 0 (0%) as American Indian/Alaskan Native, 7 (10%) as Asian/Pacific Islander, 0 (0%) as Black/African American, 7 (10%) as Hispanic/Latino, and 1 (1%) as Ukrainian/Austrian; 10 (15%) identify as LGBTIQ; 4 (6%) identify as subject to the Americans with Disability Act; 0 (0%) is active duty in the military, and 5 (7%) are veterans; 8 (12%) speak fluently in other languages in addition to English (1 speaks Afrikaans, 1 Burmese, 1 Vietnamese, 1 French, 1 German, and 3 Spanish). 59 (88%) received doctoral degrees in clinical psychology and 8 (12%) in counseling psychology; and, 57 (85%) have a Ph.D. and 10 (15%) have a Psy.D.

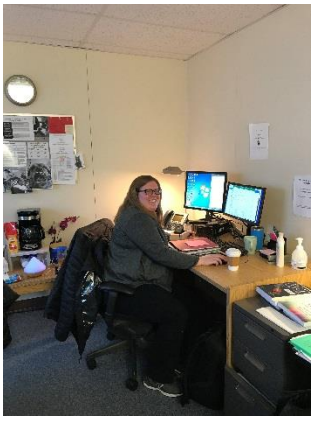
Structure of the Internship

Because we believe that full-time immersion allows greater in-depth learning in a particular specialty area, each intern participates in three, four-month long, full-time training rotations. Rotations offered include Health Psychology, Inpatient Mental Health and Primary Care Mental Health Integration, Neuropsychology, Outpatient Mental Health, Posttraumatic Stress Disorder Clinical Team, Rural Telemental Health and Substance Abuse Treatment Program. Each setting provides training in intervention and assessment within the generalist model, as well as clinical work with special populations.

Interns participate in a structured, two-week orientation program when they first arrive. During orientation, interns are given a program handbook/orientation binder that includes internship policies and procedures, program evaluation forms, rotation training agreements, and other resources; these materials are also available to interns and the public upon request prior to internship. The Training Director reviews the orientation binder with interns, and interns attend rotation previews as well as a variety of didactic seminars. After attending all the rotation previews, interns complete a form outlining their training objectives/goals for the year, and their preferred rotations. Interns are encouraged to discuss this form with the Training Director, their preceptor, or other staff prior to submission. The form is then reviewed with the Training Director and the Training Committee to assist with the rotation assignment process. In line with the program's

generalist training model, we believe that all rotations provide excellent and meaningful training experiences to interns, and we are unable to guarantee that all interns will be assigned to their top rotation preferences. Ultimately, rotation assignments are made by the Training Director and Training Committee based on intern training needs, rotation coverage needs, and intern preferences.

Research



Supervised clinical work is the main focus of training; however, up to four hours may be used each week for research and counted toward training hours. The training program strongly supports interns finishing their doctoral requirements; thus, interns who have not completed the dissertation are required to utilize these hours for dissertation completion. Interns who have completed the dissertation may request to use this time for other research projects. Research hours during the work week must not interfere with clinical work and are contingent upon satisfactory progress in clinical training and demonstrated research productivity. Requests for research hours must be submitted in writing and approved by the Training Committee or designee at the beginning of each rotation.

Stipend & Benefits

The stipend is currently $27,790 for the internship year. Benefits include health and life insurance (intern pays part of premium; available to same gender partners), paid holidays, paid vacation and sick leave, free access to VAPORHCS and OHSU libraries, and use of the Employee Fitness Center. Interns with children have access to low-cost child care located on the Portland Campus (provided there are openings) and have qualifying status for a VA child-care subsidy program. Like all other VA employees, interns are eligible for unpaid medical and maternity/paternity leave (once all other leave has been used), consistent with VA leave policies and the Family and Medical Leave Act. However, in the case of extended leave, a remediation plan will need to be developed to ensure that an intern completes training equivalent to a 2080-hour, twelve-month long internship year, as required by APA; at the discretion of the training program, this may require that an intern continue training unpaid for a period beyond the typical internship year. A remediation period may not extend more than six months beyond the typical internship year, and it must not interfere with the training of new interns. Like all other VA employees, interns are eligible for leave to accommodate cultural and religious holidays.

Intern Life

Interns typically work a 40-hour week, Monday through Friday, from 8 a.m. to 4:30 p.m. Modifications may be made on occasion, depending on rotation-specific duties. Interns may request four hours each week to work on their dissertations or research projects.

The intern class shares an office furnished with desks, computers, and telephones. Sharing space provides consultation opportunities with colleagues and builds camaraderie within the intern class. Past intern classes have reported that they prefer this arrangement to individual, isolating offices. The intern office is adjacent to a shared postdoctoral resident office, a shared psychiatry fellows office, a collection of workstations shared by the social work interns, counseling students, and psychology practicum students, and the Mental Health Education Program Support Assistant's office.

At the end of each weekly didactic seminar and group supervision, interns are given one-hour of Intern Development Time during which they are encouraged to socialize with one another, discuss issues related to their individual rotations and professional development, and offer support to each other. Interns are encouraged to enjoy this time away from the VA and build class cohesion. Past intern classes have explored Portland's excellent array of restaurants for this mandatory meeting, while others choose to relax on the waterfront or at a local park.

Typical Activities on the Inpatient Mental Health and Primary Care Mental Health Integration Rotation (IMH-PCMHI)

Monday - IMH	
Morning	▪ Morning Report/Treatment Team Meetings ▪ Co-Facilitate Daily Planning and Goal-Setting Group ▪ Individual Client or Psychological Testing
Afternoon	▪ Co-Facilitate Group (e.g., Anger Management or Managing Negative Thoughts) ▪ Individual Client or Psychological Testing

Tuesday – IMH	
Morning	▪ Morning Report/Treatment Team Meetings ▪ Co-Facilitate Daily Planning and Goal-Setting Group ▪ Individual Clinical Supervision
Afternoon	▪ Psychological Testing or Individual Client ▪ Scoring Tests or Writing Chart Notes ▪ Providing Preliminary Test Feedback to Treatment Team and Client

Wednesday	
Morning	▪ Research Time (if intern chooses to utilize research time)
Afternoon	▪ Intern Seminar ▪ Group Supervision ▪ Intern Process Time

Thursday - PCMHI	
Morning	▪ PACT Team Meetings ▪ Co-facilitate Group (Move! Behavioral class, LGBT) ▪ Individual psychotherapy ▪ Warm hand-offs
Afternoon	▪ Individual psychotherapy ▪ Documentation

Friday - PCMHI	
Morning	▪ PCMHI Team Meeting ▪ Co-facilitate MOVE! Maintenance group (4th Fri) ▪ Warm hand-offs (post-deployment) ▪ Individual psychotherapy
Afternoon	▪ PACT Team Meetings ▪ Individual Clinical Supervision ▪ Documentation

Typical Activities on the Health Psychology Rotation

Monday	
Morning	▪ Hep C Treatment Support Group ▪ Supervision w/ Dr. Fuller ▪ Individual Client (Hep C/Behavioral Medicine)
Afternoon	▪ Hep C Client: Pre-Interferon Evaluation ▪ Individual Client (Hep C/Behavioral Medicine)

Tuesday	
Morning	▪ Individual clients (Primary Care) ▪ GM Psych Intake
Afternoon	▪ Weight Management Group (monthly) ▪ Paperwork

Wednesday	
Morning	▪ Research Hours
Afternoon	▪ Intern Seminar ▪ Group Supervision ▪ Intern Process Time

Thursday	
Morning	▪ Individual Clients (Hep C/Behavioral Medicine)
Afternoon	▪ Hep C Treatment Team Case Conference ▪ Paperwork

Friday	
Morning	▪ Individual Clients (Primary Care)
Afternoon	▪ Individual Clients (Primary Care) ▪ Supervision w/ Dr. Mallon ▪ Paperwork

Typical Activities on the Mental Health Clinic Rotation

Monday	
Morning	▪ Minor focus Clients
Afternoon	▪ Minor focus Clients and Individual Supervision

Tuesday	
Morning	▪ Individual and or Family/Couples Clients
Afternoon	▪ Individual Supervision ▪ Group Preparation ▪ Treatment Team Meeting

Wednesday	
Morning	▪ Individual Clients ▪ Co-lead Group, e.g. DBT Skills for Living ▪ Debrief group
Afternoon	▪ Intern Seminar ▪ Group Supervision ▪ Intern Process Time

Thursday	
Morning	▪ Psychosocial providers meeting ▪ Individual Supervision ▪ Individual Client
Afternoon	▪ Co-lead Group, e.g. ACT, Managing Your Moods, MBCT-Depression ▪ Debrief group ▪ Individual Clients ▪ Assessment Supervision

Friday	
Morning	▪ Paperwork ▪ Group Preparation ▪ Assessment Client
Afternoon	▪ Research Hours

Typical Activities on the Neuropsychology Rotation

Monday	
Morning	▪ Team Meeting (alternating case presentations and admin) ▪ Supervision - 1 hour ▪ Writing Evaluations
Afternoon	▪ Testing ▪ Neuropsychology Journal Club (bi-monthly)

Tuesday	
Morning	▪ Testing
Afternoon	▪ Scoring Tests ▪ Completing Follow Ups

Wednesday	
Morning	▪ Follow-Up Appointments or Writing Evaluations
Afternoon	▪ Intern Seminar ▪ Group Supervision ▪ Intern Process Time

Thursday	
Morning	▪ Supervision ▪ Testing
Afternoon	▪ Scoring Tests ▪ Writing Evaluations

Friday	
Morning	▪ Follow-Up Testing ▪ Writing Evaluations
Afternoon	▪ Research Hours

Typical Activities on the PTSD Rotation

Monday	
Morning	▪ Intake Clinic ▪ Supervision
Afternoon	▪ Individual Clients/Paperwork ▪ Group Treatment (e.g., Cognitive Processing Therapy) and Debriefing

Tuesday	
Morning	▪ Individual Clients/Paperwork ▪ Group Treatment (e.g., Acceptance and Commitment Therapy) and Debriefing
Afternoon	▪ Individual Clients/Paperwork

Wednesday	
Morning	▪ Individual Clients/Paperwork ▪ PTSD Clinical Team (PCT) Meeting
Afternoon	▪ Intern Seminar ▪ Group Supervision ▪ Intern Process Time

Thursday	
Morning	▪ Individual Clients/Paperwork ▪ PTSD Symptom Management Group and Debriefing
Afternoon	▪ Individual Clients/Paperwork

Friday (alternating - every other Friday is research time)	
Morning	▪ Individual Clients/Paperwork
Afternoon	▪ Individual Clients/Paperwork ▪ Supervision

Typical Activities on the Rural Telemental Health Rotation

Monday	
Morning	▪ Supervision ▪ Individual Clients ▪ Administrative – Charting/Reports
Afternoon	▪ Group Treatment or Individual Clients ▪ Administrative - Charting/Reports ▪ Interprofessional Educational Seminar

Tuesday	
Morning	▪ Supervision ▪ Individual Clients ▪ Administrative - Charting/Reports
Afternoon	▪ Individual Clients ▪ Administrative - Charting/Reports

Wednesday	
Morning	▪ RTH All Staff Meeting, Provider Meeting, Case Consultation or Educational Seminar ▪ Administrative - Charting/Reports
Afternoon	▪ Intern Seminar ▪ Group Supervision ▪ Intern Process Time

Thursday	
Morning	▪ Group Treatment or Assessment ▪ Individual Clients ▪ Administrative - Charting/Reports
Afternoon	▪ Individual Clients ▪ Administrative - Charting/Reports

Friday	
Morning	▪ Journal Club ▪ Individual Clients ▪ Administrative - Charting/Reports
Afternoon	▪ Research Time and/or ▪ Program Development Project

Typical Activities on the Substance Abuse Rotation

Monday	
Morning	▪ Team Meeting ▪ Class of 1945 Group ▪ Charting ▪ Paperwork
Afternoon	▪ Initial Treatment Psychoeducational Group ▪ Initial Treatment Core Groups ▪ Paperwork/Readings

Tuesday	
Morning	▪ Individual Client ▪ Class of 1945 Group ▪ Supervision
Afternoon	▪ Paperwork ▪ Charting ▪ Team Meeting ▪ Write Notes/Reading ▪ Liver Transplant Candidacy Evaluation

Wednesday	
Morning	▪ Complex Addictions Team Meeting ▪ Report Writing ▪ Paperwork ▪ Readings ▪ Continuing Care Group
Afternoon	▪ Intern Seminar ▪ Group Supervision ▪ Intern Process Time

Thursday	
Morning	▪ Paperwork/Readings ▪ Supervision ▪ Individual Client ▪ Charting ▪ Paperwork
Afternoon	▪ Liver Selection Conference ▪ Supervision

Friday	
Morning	▪ Team Meeting
Afternoon	▪ Research Hours

Training Rotation Descriptions

Inpatient Mental Health and Primary Care Mental Health Integration

Inpatient Mental Health (IMH) (2 days/week)

Supervisor: Dr. Burks. This rotation emphasizes interdisciplinary collaboration and mental health Recovery-oriented treatment in the context of inpatient psychiatry and mental health. Supervision is tailored to the intern's individual strengths, needs, and clinical/professional development goals.

Under the supervision of Dr. Burks, the intern's time will be spent on group interventions, psychological assessment, and individual interventions for veterans staying on the Inpatient Psychiatry Unit. The veterans are generally in acute distress, may be at risk for self-harm, and the average length of stay is about 7 days. A range of diagnoses typically seen include mood disorders, psychotic spectrum disorders, PTSD, dementia, substance use disorders, personality disorders, and other acute psychiatric conditions. Within the Acute Inpatient Psychiatry Unit, interns function as part of interdisciplinary teams that promote stabilization, recovery and wellness for veterans on the unit. Interns attend interdisciplinary unit meetings such as Morning Report and Treatment Team Meetings. A focus of this experience is learning to assess and treat veterans from a Mental Health Recovery perspective and developing a deeper understanding of the Recovery approach to working with people with acute and serious mental illness. Mental health recovery is a process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential. The recovery model is an approach to treatment that emphasizes and reinforces multiple elements (e.g., culture, strengths and responsibility, hope, holistic, peer support, relational) in order to reduce mental health symptoms and restore personal and social functioning. The intern will also have the opportunity to engage in program development, create new groups and activities, as well as provide training to other staff (e.g., psychiatry residents, nurses, social workers, chaplains, allied health trainees) who work on the Inpatient Psychiatry Unit.

Primary Care Mental Health Integration (PCMHI) (2 days/week)

Supervisors: Dr. Aakash Kishore and Dr. Jenna Van Slyke. This rotation emphasizes inter-professional collaboration, behavioral health consultation, and population-based care in an outpatient, community-based primary care setting in Fairview, OR. Interns work directly alongside primary care physicians to provide brief assessment and intervention to Veterans with mild-moderate mental health symptoms as a part of their routine primary care. Common presenting issues include depression, anxiety, substance use, PTSD, insomnia, medical compliance, obesity, chronic disease management, relationship distress, stress management, and chronic pain.

The PCMHI team serves two clients—the Veteran and the PCP. Interns on this rotation will develop skills in serving both. Under the supervision of Dr. Kishore and Dr. Van Slyke, the intern will conduct functional assessments via "warm hand-off" from the primary care provider. They will learn to quickly assess functional impairment and strengths, and to provide brief intervention within a spontaneous, 20-30 minute session. They will also provide concise and timely feedback to the PCP about the plan of care. An episode of care in PCMHI typically ranges from one to six 30-minute sessions. Interns will have the opportunity to develop and enhance consultation-liaison skills in a primary care setting that values collaboration across disciplines. They may partner with other PACT auxiliary services such as primary care social work, pharmacy, or nutrition to provide brief interventions that enhance the overall health and

wellbeing of Veterans in their care. Common interventions include cognitive behavioral therapy (for chronic pain, depression, anxiety, insomnia, etc.), focused ACT, motivational interviewing, mindfulness training, and problem-solving training.

Health Psychology and Integrated Care

Supervisors: Drs. Bret Fuller and Kevin Mallon. The Health Psychology rotation is an interdisciplinary experience designed to prepare interns for new and evolving roles as psychologists in medical settings. Interns learn consultation, assessment, and treatment skills in a variety of settings, including the General Medicine Psychiatry Clinic, Primary Care Clinic, and the Outpatient Mental Health Clinic. Interns have a unique opportunity to work directly with medical care providers to assess patients during physician visits and to provide psychological counseling and education to patients with medical concerns. Interns will also provide brief psychotherapy and supportive counseling to those veterans in need of more in-depth services.

The General Medicine-Psychiatry Clinic (GM-Psych) is a consultation and treatment service that serves patients and primary care providers in the VA's Primary Care Clinic. Its mission is to provide evaluation, and when indicated, short-term treatment for medical patients who have concurrent mental health issues, which frequently are related to their medical problems. For example, patients may be struggling to implement lifestyle changes to ameliorate their medical conditions, or may be facing a new, serious medical diagnosis. The challenge is to function as a generalist mental health provider, and prioritize intervention strategies with patients who typically have several interrelated problems. Meeting the needs of the medical provider who refers the patient is as important as meeting the needs of the patient. The intern will also gain experience with evaluation of veterans participating in the Post-Deployment Clinic. Typically, about half the intern's time is devoted to evaluations, and half to treatment. Intern goals for the training experience are solicited in order to help determine the specific cases assigned. This training is located in the Hillsboro Community Based Outpatient Clinic and requires driving about 11 miles from the main campus. Dr. Mallon is the clinical supervisor for this component of the rotation.

Primary Care and Mental Health Integration: The intern will be co-located in the primary care team and attend to the mental health needs of veterans outside of the mental health clinic. Physicians consult with the behavioral medicine team to help with referrals to other programs, brief treatments in the exam room for psychological conditions such as depression, anxiety and trauma. Screening and brief intervention for alcohol and substance use, PTSD and depression will assist physicians in treating the entire veteran rather than just physical needs. Interventions for chronic medical conditions such as chronic pain, diabetes management, weight control and smoking cessation are also a part of PCMHI. Dr. Fuller is the primary supervisor for this part of the rotation.

Mental Health Clinic

Supervisors: Drs. Caspari, Ortola, Rinker, Steward and Yuan. The Mental Health Clinic rotation is located adjacent to the main hospital in Portland three days a week and at the Fairview CBOC two days a week. The clinic staff members are multidisciplinary and include psychiatrists, psychologists, nurses, social workers, counselors, and recreation therapists. Providing training is a priority for all clinic staff, and interns are encouraged to consult with providers from other disciplines. Interns join a multidisciplinary treatment team and meet with the team to staff intake assessments and complex cases. Interns are encouraged to focus on professional development as well as on clinical training. Supervision is intended to maximize

individuation of the intern as a developing professional, and is tailored to individual strengths and needs. Listed below are some of the experiences available on this rotation.

General outpatient mental health. Interns have the opportunity to gain exposure to the full spectrum of mental health diagnoses. Breadth of training is encouraged by offering interns exposure to new demographic groups, diagnostic groups, and treatment approaches. Depth of training is encouraged by supporting interns in developing more experience in their particular interest areas. Intern activities include intake assessments and individual therapy. Supervisor: Dr. Caspari, Ortola, Rinker or Yuan.

Mindfulness-based Interventions: These may include group-based interventions in Acceptance and Commitment Therapy, Mindfulness-based Cognitive therapy for Depression, and Dialectical Behavior Therapy-based Interpersonal Effectiveness and Emotion Regulation classes. Supervision in individual use of mindfulness-based interventions is available as well. Supervisor: Dr. Caspari or Ortola.

Palliative Care. Interns will absorb the working atmosphere of the Inpatient Palliative Care Consult Team (PCCT) by attending weekly inpatient work rounds under the supervised supervision of the Palliative Care Psychology Fellow. Select outpatient therapy with patients with life-limiting diseases will be assigned based on interest and availability. Interns may also request opportunities to work with older adults as part of this training emphasis. Supervisor: Dr. Ortola.

Couples and family therapy. Depending upon training needs, interests, and prior experiences, interns will have the opportunity to work with couples and/or families following the Integrated Behavioral Couples' Therapy (IBCT) model. Training in this area includes supervised couples/family therapy cases. Supervisor: Dr. Yuan.

Group therapy. Interns will be involved as leaders and co-leaders in recurrent psychoeducational groups. Motivated interns can be involved in the development of new groups. There may be opportunities to be involved in process groups as well. Supervisor: Drs. Caspari, Ortola, Rinker or Yuan.

Posttraumatic Stress Disorder. Interns will have the opportunity to engage in weekly individual therapy and co-lead groups on the treatment of PTSD. This could involve diagnostic assessment of PTSD using the CAPS-5, trauma-focused treatment planning an supervision of research- and evidenced-based protocols for PTSD including Skills Training in Affective and Interpersonal Regulation (STAIR), Cognitive Processing Therapy (CPT) and Prolonged Exposure (PE). Supervisor: Dr. Rinker.

Neuropsychology

Supervisors: Drs. Callahan, Clark, Demadura, and Storzbach. Neuropsychology serves the entire state of Oregon and much of southern Washington. While many referrals come from Neurology, patients are seen from all services and have a wide variety of neurological diseases or suspected brain dysfunction. Neuropsychology provides assessment of patients with possible brain dysfunction for diagnostic and treatment purposes, individual and group counseling to patients and their families, and consultation on patient management. The training experience is designed to enhance the specialized skills of interns with prior neuropsychology experience and to allow novices the opportunity to learn basic skills while providing useful clinical service. The assessment approach combines structured and flexible techniques. Although assessment remains the primary clinical activity of the Neuropsychology Clinic, in recent years there has been increasing emphasis on providing neuropsychological

rehabilitation services as well. Interns attend seminars that provide theoretical and practical reviews of current issues including Neuropsychology Case Conferences and Neuropsychology Journal Club Meetings. Interns will generally complete 20 to 25 neuropsychological assessments while on this rotation.

Posttraumatic Stress Disorder (PTSD)

Supervisors: Drs. Heiy, Plagge, Powch, and Wagner. Interns on this rotation work as integral members of the PTSD Clinical Team. This multidisciplinary team responds to requests for assessment and treatment of PTSD throughout the Medical Center. In addition to combat trauma, veterans may present with military sexual trauma and other types of trauma that occur in the line of duty. Co-diagnoses and associated issues commonly occurring in these populations include childhood trauma, substance abuse, mood disorders, personality disorders, and traumatic brain injury. Training emphasizes conceptualization and treatment of acute and chronic posttraumatic sequelae, largely from a cognitive-behavioral perspective. Supervision is conducted in individual and group formats and incorporates interns' individual training goals and attention to the impact of working with traumatized populations. Supervision will also focus on facilitating intern development of consultation and interprofessional skills as a psychologist working within an interdisciplinary treatment team. This rotation takes place on the Vancouver and Portland campuses and will require the intern to travel between both locations. Listed below are some of the experiences available on this rotation.

Individual, Couples, Family, and Group Therapy, and Assessments. Interns maintain a caseload of individual clients with opportunities for couples and family therapy as treatment-relevant and consistent with interns' training objectives. Interns are also expected to participate in skills-based groups with opportunities for process groups or trauma processing. groups. While more male veterans are seen in our outpatient clinic than female, opportunities exist for working with female veterans and will be incorporated into interns' training as much as possible. Efforts will be made to generate a caseload that is diverse along a range of dimensions and training will include cultural considerations in PTSD assessment and treatment. The primary therapeutic orientation of supervisors is cognitive-behavioral, though additional orientations and treatments may be incorporated according to the supervisor and case. The PTSD Clinical Team adheres to empirically supported approaches to treatment. Interns will have opportunities for training in Prolonged Exposure Therapy, Cognitive Processing Therapy, and skills-based training for management of PTSD symptoms. Additional treatments, such as Behavioral Activation, Acceptance and Commitment Therapy, Adaptive Disclosure, Emotion-Focused Therapy, DBT modules, and Compassion-Focused Therapy may be incorporated as relevant. In addition, interns will complete a minimum of two psychological assessments, which include the Clinician Administered PTSD Scale (CAPS), personality assessments as relevant, and a thorough case formulation.

Group Therapy. The PTSD Clinical Team offers a range of group treatment options for veterans, including PTSD Symptom Management (a skills-based, psychoeducational group, separate groups offered for women veterans), Cognitive Processing Therapy, Compassion-focused Therapy for Anger, Acceptance and Commitment Therapy for Moral Injury, Seeking Safety, and PTSD Graduates and Support Groups (process groups). Interns co-facilitate, on average, four groups during this rotation.

PTSD-Focused Assessments. Interns obtain training in standard PTSD diagnostic and screening assessment instruments including the Clinician Administered Structured Interview for PTSD (CAPS) and the Posttraumatic Stress Disorder Checklist (PCL). Interns will also

complete, at least, two integrative assessments that include PTSD-focused assessment with personality assessment and cognitive testing, according to supervisor and client need.

Rural Telemental Health

Supervisors: Drs. Adams, Burroughs, Chisholm, Davis, Hantke, Hutson & Zaccari. The Rural TeleMental Health (RTH) rotation offers interns a distinct and innovative training using technology to complement their psychotherapy, psychological evaluation, consultation, and interprofessional skills.

Due to its cost-effectiveness and client satisfaction, both VA and non-VA systems are adopting telemental health technologies to decrease health disparities among Rural populations. Therefore, there is a national need to fill these positions with trained and experienced professionals. This rotation will assist interns in establishing competencies that will become ever more in demand as these services proliferate. Specifically, trainees will learn the unique ethical considerations, characteristics of building teleconferencing rapport, technological challenges, service limitations, and advantages of electronic communication.

Interns can expect to work towards decreasing health disparities in an interprofessional training model serving Rural Pacific NW (Oregon, Washington & Idaho) veterans in partnership with Chaplaincy, social work, and psychiatry trainees using video teleconferencing and other emerging technologies. They will learn the unique combination of economic, social, and cultural factors affecting rural veterans, and are encouraged to contribute to scholarly and research opportunities to further telemental health. As a result of socio-eco-cultural influences, many of our rural veterans have multifactorial medical and mental health issues; therefore, interns will acquire advanced skills and knowledge in assessment, evaluation, psychotherapy, consultation, and case management.

Interns will be expected to complete at least two psychological or neuropsychological assessments via videoteleconferencing. They will also have opportunities to participate in couples and/or group therapy. Supervision will be provided both virtually and live/direct. This rotation strives to prepare the intern with fundamental telemental health and cultural competence in an effort to broaden their professional opportunities, whether they choose to work within a rural or urban environment.

Substance Abuse Treatment Program

Supervisors: Drs. Anderson, Johnson, Rodriguez, and Súñiga. Substance Abuse Treatment Program (SATP) interns participate in providing intake screenings, biopsychosocial assessments, individual and group education sessions, and treatment and consultation services while serving as clinicians-in-training with the SATP multidisciplinary teams. The primary site for this rotation is at the Vancouver, Washington, campus of VAPORHCS. Intern activities may include specialty training and/or education opportunities in the medical center and community venues, including veterans' homes and non-VA service centers. Interns may also obtain experience in assisting with SATP program development and in providing substance use disorder consultations to VAMC providers. These consultations occur in the Medical Center's Primary Health Care and Specialty Care Clinics and Programs (e.g., Liver Transplant Program) as well as in VA community-based clinics and counseling programs (e.g., Portland and Salem Veterans Centers and Salem Mental Health and Primary Care Clinic). This is an excellent rotation for interns interested in developing their qualifications for certification by the American Psychological Association's College of Professional Psychology in the Treatment of Alcohol and Other Psychoactive Substance Use Disorders.

Other Training Experiences

VAPORHCS and OHSU offer varied didactic opportunities. The Psychology Intern Didactic Series is presented weekly and attendance is required. Attendance at additional seminars, grand rounds, and other presentations is encouraged.

One afternoon a week is devoted to internship training activities that include a 90-minute didactic seminar, one hour of group supervision, and one hour of intern professional development and mutual support time (i.e., Intern Development Time). The afternoon focuses on development of both clinical competency and professional identity. Didactic seminars cover a variety of topics, examples of which are listed in the next section. Staff psychologists conduct the weekly group supervision.

Intern Development Time is an informal meeting during which the interns support one another and discuss relevant training and professional development issues. At the end of the first two rotations, interns are allotted four hours for an intern retreat to share information about experiences on the respective rotations and talk about growth during the training experience. Interns are given a full day for a retreat at the end of the third rotation to process their experiences. These retreats have proven to be valuable components of internship training and professional development.

In addition to working with their individual and group supervisors, interns are paired with a psychologist staff member to serve as their preceptor for the duration of the training year. The primary function of a preceptor is to provide professional guidance and support and is considered complimentary to but independent from both individual and group clinical supervision. Preceptors assist interns with the development of career or professional knowledge (such as orienting and socializing interns in mental health workplace environments; discussing ethical issues; exploring transitions from practicum student, to intern, to postdoc and ultimately independent professional) and provide interns with practical awareness and understanding of administrative and institutional protocols. Interns typically meet with preceptors during or prior to orientation, at least once per rotation, and as needed throughout the internship year.

Regularly scheduled didactics, group supervision (one hour per week), primary individual supervision (three hours per week), preceptor meetings, and intern time (one hour per week) all occur through face-to-face meetings. However, at times supplemental or consultative supervision may occur through telephone or video-conferencing if, for example, this supplemental supervision would enhance an intern's training experience and adjunct supervisors are unavailable for in-person meetings. Additionally, if their schedule permits, interns may attend supplemental didactics through venues other than the internship didactic series, and, at times, some of these didactics may occur through telephone, video, or internet technologies.

Didactic Seminars

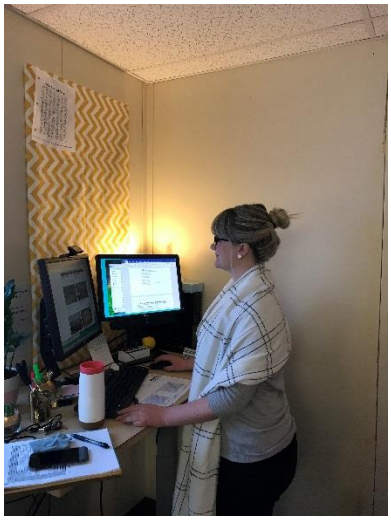
VAPORHCS staff and interns, OHSU faculty, and psychologists from the community present on such topics as:

- Military Culture
- Unconscious Bias and Other Multicultural and Diversity Related Issues
- Spiritual Diversity
- Understanding Diversity in Gender & Sexual Identity
- Ethical Decision Making
- Supervision Skills
- Suicide Risk Assessment
- Violence Risk Assessment and Threat Management
- Military Sexual Trauma
- PTSD Assessment
- Evidence Based Treatments for PTSD, Substance Use Disorders and Other Diagnoses
- Neuropsychology
- Ethical and Cultural Considerations with Rural Telemental Health Populations
- Professional and Career Development
- Interprofessional Collaboration
- Self-care and Burnout

Clinical competence includes competence in working with culturally and individually diverse veterans. Therefore, a number of staff didactics are focused on diversity related topics each year, and all didactics integrate cultural factors relevant to the topic. Additionally, each intern presents one Seminar during the year on a self-directed topic concerning diversity or ethical/legal issues.

In addition to these weekly seminars, a wide range of educational opportunities are available at VAPORHCS and OHSU, including but not limited to the following: Geriatric Research Education and Clinical Center (GRECC) video conference seminars; Mental Illness Research, Education, and Clinical Center (MIRECC) video conference seminars; Geropsychiatry journal club discussions; Neuropsychology Case Conference and Journal Club Meetings led by Dr. Daniel Storzbach; Neuropsychology Case Conference led by Dr. Diane Howieson; and OHSU Psychiatry Grand Rounds. The internship encourages the development of a lifelong pattern of continuing education through reading and attending lectures, seminars, and conferences.

Required Training Experiences for Interns



Regardless of which three rotations constitute an individual's course of internship training at VAPORHCS, all psychology interns will gain experience in assessment, treatment, and consultation across the rotations throughout the internship year.

Assessment

Interns obtain assessment experience on all rotations. Interns will conduct intake assessments, learn to integrate cultural issues into their formulations, and learn to make competent DSM5 diagnoses. Interns will also use a number of personality and cognitive assessment instruments, including the MMPI-2, PAI, WMS-IV, and WAIS-IV. Interns will learn to clarify referral questions, consider cultural factors when selecting test batteries, administer and score tests, integrate test results with other data, write clear and concise reports, and provide feedback to patients and referring providers.

Intervention

VAPORHCS uses a number of psychological treatment approaches which include consideration of veterans' unique cultural factors and emphasis of empirically-supported treatments. Interns are generally trained on a brief therapy or episode of care (time-limited) model. Presenting problems include anxiety, depression, personality disorders, and major mental illness. Family therapy may be used as an adjunctive or primary mode of therapeutic intervention. Additionally, interns will provide group therapy for a variety of veterans. Interns acquire skills in developing, planning, and leading psychoeducational and process groups. Some years interns have been offered the opportunity for certification or focused training in a specific evidence based psychotherapy (e.g., MI, PE, CPT). However, certification opportunities are not guaranteed as they are contingent on trainer and supervisor availability, intern interest and skill level, and other institutional factors that vary year to year.

Consultation

Interns will learn to function as consultants during all of their rotations. In some instances, this will include representing psychology as an integral member of an interprofessional or multidisciplinary team. Helping the team make decisions about assessment, diagnosis, treatment, and discharge planning is considered an important role for interns. In other instances, the intern will serve as an independent consultant. Clarifying referral questions and providing input on diagnostic issues and treatment plans to a variety of independent practitioners, such as physicians, social workers, nurses, and chaplains are valuable skills. By the end of the internship year, the intern will have gained skills in providing consultation to interprofessional or multidisciplinary teams, as well as to individual practitioners from different disciplines.

Clinical Psychology Postdoctoral Fellowship Programs

To learn more about the fellowships that we offer at VAPORHCS, or to apply, please see our Clinical Psychology Fellowships brochure which can be found at our training program's website: http://www.portland.va.gov/cptp.asp.

Meet the Staff

Staff members are scientist-practitioners of psychology. Staff roles include delivery of clinical service, research, consultation, trainee supervision, mentorship, and administration. The majority are also OHSU faculty. You can find brief descriptions of psychology staff who work with psychology interns in our "Meet the Staff - Psychology Internship" document at: http://www.portland.va.gov/cptp.asp.

Current Staff Research Activities

The Veterans Health Administration (VHA) values research for its role in improving patient care and attracting high quality clinical providers and scientific staff. Currently, there are over 100 Principal Investigators, including eight with VA or NIH-funded Career Development Awards, who are leading more than 500 active medical and behavioral science research protocols. The VAPORHCS research community was supported by $33 million in VA, National Institutes of Health (NIH), Department of Defense (DoD), or other funding sources in FY2017. Using FY2018 VERA Research Support Funds as a benchmark, VAPORHCS is among the top ten largest VA research programs nationwide.

While the primary focus of the internship is on clinical training and professional development, involvement in research activities is encouraged and nurtured. A number of staff welcome intern involvement in ongoing research including grant preparation, data collection, data analysis, and manuscript preparation. Interns may have opportunities to co-author publications and professional presentations. Interns especially interested in developing research careers can take advantage of many resources associated with this VA's close ties to

OHSU, which is literally connected to the VA by a sky bridge. Most VA psychologists hold academic appointments at OHSU, which hosts a medical school and other health science programs.

Recent Staff Publications and Presentations

The following is a sampling of recent publications and presentations by psychologists who provide clinical supervision to interns.

2018 or in press

Burroughs, T.K., Wade, J.B., Ellwood, M.S., & Bajaj, J.S. (2018). Effect of Post-Traumatic Stress Disorder on Cognitive Function and Covert Hepatic Encephalopathy Diagnosis in Cirrhotic Veterans. *Digestive Diseases and Sciences, 63(2),* 481-485.

Calhoun, P.S., Wilson, S.M., Dedert, E.A., Cunningham, K.C., **Burroughs, T.K**., Hicks, T.A., Beckham, J.C., Kudler, H.S., Straits-Troster, K (2018). The Association of Alcohol Consumption Patterns with Self-Rated Physical Health Problems and Psychiatric Distress among Afghanistan- and Iraq-Era U.S. Veterans. *Psychiatry Research, 259*, 142-147.

Callahan, M.L., Binder, L.M, **O'Neil, M.E., Zaccari, B., Roost, M.S.**, Golshan, S., **Huckans, M.**, Fann, J.R., & **Storzbach, D**. (2018). Sensory sensitivity in operation enduring freedom/operation Iraqi freedom veterans with and without blast exposure and mild traumatic brain injury. *Appl Neuropsychol Adult, 25(2), pp. 126-136*. PMID: 27929660. *[Named by the Defense and Veterans Brain Injury Center (DVBIC) in their list of "Top 10 Concussion Research Articles of 2016"]*

Callahan, M. L. & Storzbach, D. (2018). Sensory Sensitivity and Posttraumatic Stress Disorder in Blast Exposed Veterans with Mild Traumatic Brain Injury. *Applied Neuropsychology: Adult.*

Caspari, J.M. (In Press). Co-Occurring Depression, Anxiety and Chronic Pain in Arnold, C (Ed.), Handbook of Psychosocial Interventions for Chronic Pain. New York, NY: Taylor & Francis/Routledge.

Elliott, J. E., Opel, R. A., Chau, A. Q., Weymann, K. B., **Callahan, M. L.**, Storzbach, D., Lim, M. M. (In press). Sleep Disturbances in TBI: Associations with Sensory Sensitivity. *Journal of Clinical Sleep Medicine.*

Hulen, E., Saha, S., **Morasco, B.J.**, Zeigler, C., Mackey, K., & Edwards, S.T. (In press). Sources of stress in primary care opioid management and the role of a controlled substance review group: A qualitative study. *Pain Medicine*.

Kohno, M., Loftis, J.M., **Huckans, M**., Dennis, L.E., McCready, H. & Hoffman, W.F. (2018). The relationship between interleukin-6 and functional connectivity in methamphetamine users. *Neuroscience Letters, 677,* pp. 49-54.

Lovejoy, T.I., **Morasco, B.J.**, Demidenko, M.I., Meath, T.H.A., & Dobscha, S.K. (In press). Clinician referrals for non-opioid pain care following discontinuation of long-term opioid therapy differ based on reasons for discontinuation. *Journal of General Internal Medicine*.

Lozier, C.C., **Nugent, S.M.**, Dobscha, S.K., Smith, N.X., Deyo, R.A., Yarborough, B.J., & **Morasco, B.J.** (In press). Correlates of use and perceived effectiveness of non-pharmacologic

strategies for chronic pain among patients prescribed long-term opioid therapy. *Journal of General Internal Medicine*.

McRae, C., **Caspari, J**. Russel, D., Ellgring, H., Greene, P., & Fahn, S. (In Press). Video Review of Baseline Performance on Global Ratings in a Double-Blind Placebo Surgery Trial. *Movement Disorders*.

M**orasco, B.J.**, Dobscha, S.K., Hyde, S., & Mitchell, S.H. (In press). Associations between prescription opioid dose and delay discounting in patients with chronic pain. *Journal of Opioid Management*.

Nugent, S.M., Yarborough, B.J., Smith, N.X, Dobscha, S.K., Deyo, R.A., Green, C.A., & **Morasco, B.J.** (2018). Patterns and correlates of medical cannabis use for pain among patients prescribed long-term opioid therapy. *General Hospital Psychiatry*, *50*, 104-110.

Trim, J. G., Galovski, T. E., **Wagner, A.**, & Brewerton, T. D. (2018). Treating eating disorder-posttraumatic stress disorder patients: A synthesis of the literature and new treatment directions. In L. K. Anderson, S. B. Murray, & W. H. Kaye (Eds.), Clinical Handbook of Complex and Atypical Eating Disorders (pp. 40-59). New York, NY: Oxford.

Wilson, S. M., **Burroughs, T. K**., Newins, A. R., Dedert, E. A., Medenblik, A. M., McDonald, S. D., Beckham, J. C., Mid-Atlantic MIRECC Workgroup, & Calhoun, P. S. (In press). The association between alcohol consumption, lifetime alcohol use disorder, and psychiatric distress among men and women veterans. *Journal of Studies on Alcohol and Drugs*.

Wyse, J.J., Gordon, A.J., Dobscha, S.K., **Morasco, B.J.**, Tiffany, E., Drexler, K., Sandbrink, F., & **Lovejoy, T.I.** (In press). Medications for opioid use disorder in the Department of Veterans Affairs (VA) Health Care System: Historical perspective, lessons learned and next steps. *Substance Abuse*.

Wyse, J.J., **Morasco, B.J.**, Dobscha, S.K., Demidenko, M.I., Meath, T.H.A., & **Lovejoy, T.I.** (In press). Provider reasons for discontinuing long-term opioid therapy following aberrant urine drug tests differ based on the type of substance identified. *Journal of Opioid Management*.

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Bjork, J.M., **Burroughs, T.K**., Franke, L.M., Pickett, T.C., Johns, S.E., Moeller, F.G., Walker, W.C. (2017) Rapid-response impulsivity predicts depression and PTSD symptomatology at 1-year follow-up in blast-exposed service members. Archives of Physical Medicine and Rehabilitation. *Archives of Physical Medicine and Rehabilitation, 98*(8), 1646-1651.

Brewer, B., **Caspari, J.,** Youngwerth, J., Nathan, L., Ripoll, I., & Heru, A. (2017). Demoralization in medical illness: Feasibility and acceptability of a pilot educational intervention for inpatient oncology nurses. *Palliative and Supportive Care,* 1-8.

Caspari, J.M., Raque-Bogdan, T.L., McRae, C., Simoneau, T.L., Ash-Lee, S., & Hultgren, K. (2017): Posttraumatic growth after cancer: The role of perceived threat and cognitive processing, Journal of *Psychosocial Oncology*, 5, 561-577.

Darnell, D., O'Connor, S., **Wagner, A.**, Russo, J., Ingraham, L., Sandgren, K., & Zatzick, D. (2017). Enhancing the Reach of Cognitive-Behavioral Therapy Targeting Posttraumatic Stress in Acute Care Medical Settings. *Psychiatric Services,* 63 (3), 258-263.

Demidenko, M.I., Dobscha, S.K., **Morasco, B.J.**, Meath, T.H.A., Ilgen, M., & **Lovejoy, T.I.** (2017). Suicidal ideation and suicidal self-directed violence following clinician-initiated prescription opioid discontinuation among long-term opioid users. *General Hospital Psychiatry*, *47*, 29-35.

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Frank, J.W., **Lovejoy, T.I.**, Becker, W.C., **Morasco, B.J.**, Koenig, C.J., Hoffecker, L., Dischinger, H.R., Dobscha, S.K., & Krebs, E.E. (2017). Patient outcomes in dose reduction or discontinuation of long-term opioid therapy: A systematic review. *Annals of Internal Medicine*, *167*, 181-191.

Hantke, N., Gyurak, A., Van Moorlegham, K., Waring, J., Adamson, M.M., O'Hara, R., Beaudreau, S.A. (epub ahead of print). Disentangling cognition and emotion in older adults: The role of cognition and mental health in implicit emotion regulation. *International Journal Geriatric Psychiatry.*

Heckman, T.G., Heckman, B.D., Anderson, T., Bianco, J., Sutton, M., **Lovejoy, T.I.** (2017). Common factors and depressive symptom relief trajectories in group teletherapy for persons aging with HIV. *Clinical Psychology and Psychotherapy*, *24*, 139-148. DOI: 10.1002/cpp.1989

Huckans, M., Wilhelm, C.J., Phillips-Richards, T.J., Huang, E., Hudson, R., & Loftis, J.M. (2017). Parallel effects of methamphetamine on behavior and immune factors in humans and a genetic mouse model of high methamphetamine intake. *Neuropsychobiology, 75(4),* pp. 169-177.

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Waltzman, D., Soman, S., **Hantke, N.C.**, Fairchild, J.K., Kinoshita, K.M., Wintermark, M., Ashford, J.W., Yesavage, J., Williams, L., Adamson, M.A., Furst, A.J. (2017). Altered microstructural integrity in posttraumatic stress disorder but not traumatic brain injury. *PLoS ONE, 12(1)*, e0170564.

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Bjork, J.M., **Burroughs, T.K**., Franke, L.M.; Pickett, T.C., Johns, S.E., Moeller, F.G., & Walker, W.C. (2016) Laboratory impulsivity and depression in blast-exposed military personnel with post-concussion syndrome. *Psychiatric Research*. *246*, 321-325.

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Applying to the VA Portland Health Care System Internship

Eligibility

A candidate for our clinical psychology internship must have all required course work completed prior to beginning the internship. Preferably, candidates will have completed the major qualifying examination for the doctorate and have only minor dissertation requirements remaining. In all cases, it is expected that an applicant has had a substantial amount of supervised clinical experience. An applicant with fewer than 1200 hours of practicum experience or fewer than 12 integrated (cognitive and personality) assessment reports is unlikely to be prepared for our setting.

In accordance with APA philosophy and VA policy, our internship also accepts applications from doctoral level psychologists who have returned to school to re-specialize in clinical or counseling psychology. The applicant must be enrolled in an APA-approved clinical or counseling psychology program, show documentation of adequate didactic and practicum preparations, and be approved for an internship by their Director of Clinical Training.

ELIGIBILITY REQUIREMENTS FOR ALL VA TRAINING PROGRAMS

1. U.S. citizenship. VA is unable to consider applications from anyone who is not currently a U.S. citizen. Verification of citizenship is required following selection. All trainees must complete a Certification of Citizenship in the United States prior to beginning VA training.
2. A male applicant born after 12/31/1959 must have registered for the draft by age 26 to be eligible for any US government employment, including selection as a paid VA trainee. Male applicants must sign a pre-appointment Certification Statement for Selective Service Registration before they can be processed into a training program. Exceptions can be granted only by the US Office of Personnel Management; exceptions are very rarely granted.
3. Psychology trainees are subject to fingerprinting and background checks. Match result and selection decisions are contingent on passing these screens.
4. VA conducts drug screening exams on randomly selected personnel as well as new employees. Psychology trainees are not required to be tested prior to beginning work, but once on staff they are subject to random selection for testing as are other employees.

ADDITIONAL ELIGIBILITY CRITERIA FOR INTERNSHIP

Internship applicants also must meet these criteria to be considered for any VA Psychology Internship Program:

1. Doctoral student in good standing at an APA- or Canadian Psychological Association (CPA)-accredited graduate program in Clinical or Counseling Psychology. Persons with a doctorate in another area of psychology who meet the APA criteria for re-specialization training in Clinical or Counseling Psychology are also eligible.
2. Approved for internship status by graduate program training director.

ELIGIBILITY FOR VA EMPLOYMENT

To be eligible for employment as a VA Psychologist, a person must be a U.S. citizen and must have completed an APA- or CPA-accredited graduate program in Clinical or Counseling

psychology AND must have completed an APA- or CPA-accredited internship in Psychology, with the emphasis area of the degree consistent with the assignment for which the applicant is to be employed. The only exception is for those who complete a new VA internship that is not yet accredited.

Selection Process

The application and selection process has been designed to comply with the policy developed by the Association of Psychology Postdoctoral and Internship Centers (APPIC) with respect to internship offers and acceptances. This internship site abides by the APPIC policy that prohibits the communication, solicitation, acceptance, or use of ranking-related information prior to the release of the Match results.

VAPORHCS encourages applications from individuals with diverse backgrounds and with a variety of experiences. As an equal opportunity training program, the internship welcomes and strongly encourages applications from all qualified candidates, regardless of racial, ethnic, religious, sexual orientation, disability, or other minority status. All things being equal, consideration is given to top applications from individuals with diverse backgrounds and with a variety of experiences across veteran's status, racial, ethnic, religious, sexual orientation, disability, or other historically underrepresented groups.

In the selection process, several criteria are considered:

- Clinical experience, including total hours and number of comprehensive assessments
- Scholarly preparation, indicated by the academic transcript, research experience and productivity, presentations and publications, and teaching experience
- Quality of the cover letter
- Quality of the standard reference forms
- The fit between the applicant's stated objectives and VAPORHCS offerings

A member of the psychology staff evaluates each completed application. After this initial review, a cut is made, and the top applications are evaluated a second time by the Training Committee. To facilitate planning for internship site visits, applicants will be informed by e-mail as soon as possible whether or not they remain under consideration after the initial review. Generally, notification is made by early to mid-December. For the 2018-2019 academic year, we received 132 completed applications and invited 54 applicants to attend the Open House.

Application Procedures and Checklist

All materials must be submitted on or before November 5, 2018 through the online AAPI.

- ❑ AAPI online application (www.appic.org)

VAPORHCS requires a site-specific cover letter to be submitted through the online AAPI:

- ❑ A brief (1 to 2 pages) statement of interest, specifically highlighting relevant issues of cultural competence, by addressing the following:
    - What stimulated you to study psychology?
    - What life experiences have influenced you professionally and personally?
    - What kinds of therapies have you employed and how would you characterize your theoretical orientation?
    - How do you incorporate cultural competency into your conceptualizations, and how do you hope to grow as a culturally competent practitioner during your internship year?
    - What are your interests and goals for the internship and beyond?
    - Why did you apply to VAPORHCS?

Please enter this statement as your cover letter for VAPORHCS in your online AAPI. We do not evaluate the standard AAPI essays, and we do not require any supplemental materials other than the completed AAPI. Your completed AAPI should also include graduate transcripts, your CV, and 3 letters of recommendation.

VAPORHCS Internship's APPIC Match Number: 152711

For questions about the accreditation, you may contact:
American Psychological Association
Office of Program Consultation and Accreditation
750 First Street, NE • Washington, DC • 20002-4242
Phone: 202-336-5979 • TDD/TTY: 202-336-6123
Fax: 202-336-5978 • Email: apaaccred@apa.org
http://www.apa.org/ed/accreditation/

Open House

We do not offer individual interviews as part of our selection process. An invitational day-long Open House will be held on Tuesday, January 15, 2019 to acquaint finalist candidates with the internship program. Applicants who remain under consideration after the initial review of their application will receive an invitation in early to mid-December. At the Open House, staff psychologists, fellows, and current interns will describe the training experiences offered and will be available to answer questions. Small break-out groups with current interns and/or staff supervisors provide an opportunity for candidates to learn about and communicate specific training interests. The Open House serves as the final part of our review of candidates for internship, providing an opportunity for our staff and interns to learn more about you. Changes may be made to the working list of rankings based on Open House impressions. Candidates are strongly encouraged to attend the Open House to obtain the most information about our site and to meet our staff in person. If you are unable to attend the Open House, we may be able to arrange for you to talk briefly with an intern on another date. This option is not always feasible and is subject to intern availability.

Applicants selected for internship at VAPORHCS will be asked to submit one or two sample psychological assessment reports during the summer prior to beginning internship.

Questions about the program or the application process should be addressed to:

Marilyn Huckans, Ph.D., Director of Training for Psychology

Psychology Internship (P3MHN)

VA Portland Health Care System

3710 SW Veterans Hospital Road

Portland, OR 97239

E-mail: marilyn.huckans@va.gov

Phone: (503) 220-8262, ext. 54689

Note: VA interns are subject to all employment rules applying to federal employees.

Support and Outcome Data Tables

Internship Program Admissions

Date Program Tables are updated: 6/12/18

Briefly describe in narrative form important information to assist potential applicants in assessing their likely fit with your program. This description must be consistent with the program's policies on intern selection and practicum and academic preparation requirements:
We use formal rating criteria to assist with ranking. Your application will be rated on the following: 1) Clinical Experience (total clinical hours - intervention hours, assessment hours, and supervision hours; total number of integrated reports written), 2) Research Experience (publications; presentations, posters/abstracts; research and grant writing experience), 3) Academic Experience (course grades; teaching experience), and 3) Subjective Impressions (cover letter quality; references; quality of fit). We do not have official cut-off scores; instead, your application is compared to your cohort's statistics. We make a first cut based on your clinical experience score. The remaining applications are given a complete review and rated on all criteria. A second cut is made based on the first full review scores. Remaining applicants are invited to our Open House and ranked. The remaining applications are also given a second independent full review. First and second round review scores are averaged, and these average scores guide our ultimate rankings, with a particular focus on goodness of fit with our program.

Does the program require that applicants have received a minimum number of hours of the following at time of application? If Yes, indicate how many:			
Total Direct Contact Intervention Hours	N - X	Y	Amount:
Total Direct Contact Assessment Hours	N - X	Y	Amount:

Describe any other required minimum criteria used to screen applicants:
Not applicable.

Financial and Other Benefit Support for Upcoming Training Year

Annual Stipend/Salary for Full-time Interns	$27,790	
Annual Stipend/Salary for Half-time Interns	NA	
Program provides access to medical insurance for intern?	Yes - X	No
If access to medical insurance is provided:		
Trainee contribution to cost required?	Yes - X	No
Coverage of family member(s) available?	Yes - X	No
Coverage of legally married partner available?	Yes - X	No
Coverage of domestic partner available?	Yes - X	No
Hours of Annual Paid Personal Time Off (PTO and/or Vacation)	104	
Hours of Annual Paid Sick Leave	104	
In the event of medical conditions and/or family needs that require extended leave, does the program allow reasonable unpaid leave to interns/residents in excess of personal time off and sick leave?	Yes - X	No
Other Benefits (please describe): 10 paid federal holidays; leave to accommodate cultural and religious holidays; 4 hours per week of optional protected time for research, which must be toward your dissertation if this is not complete; at the discretion of hospital leadership, up to 5 days of administrative leave may be available for dissertation defense, conferences, or professional workshops; 2 half-day and one full-day retreats with your intern class; at the discretion of hospital leadership, either a free parking pass or a free monthly public transportation pass may be available; life insurance; access to VA library systems; use of the Employee Fitness Center; for those with children, low-cost child care located on the Portland Campus (provided there are openings) and qualifying status for a VA child-care subsidy program.		

Initial Post-Internship Positions

(Provide an Aggregated Tally for the Preceding 3 Cohorts)

	2014-2017	
Total # of interns who were in the 3 cohorts	20	
Total # of interns who did not seek employment because they returned to their doctoral program/are completing doctoral degree	0	
	PD	**EP**
Community mental health center		
Federally qualified health center		
Independent primary care facility/clinic		
University counseling center		
Veterans Affairs medical center	14	1
Military health center		
Academic health center		
Other medical center or hospital	4	1
Psychiatric hospital		
Academic university/department		
Community college or other teaching setting		
Independent research institution		
Correctional facility		
School district/system		
Independent practice setting		
Not currently employed		
Changed to another field		
Other		
Unknown		

Note: “PD” = Post-doctoral residency position; “EP” = Employed Position. Each individual represented in this table should be counted only one time. For former trainees working in more than one setting, select the setting that represents their primary position.